To help the financially needy obtain high-quality health care that is affordable, promotes independence, and provides customer satisfaction.

MassHealth NPI Training

May 2007

MassHealth

Agenda

I. **MassHealth and National Provider Identifier (NPI)**

II. **MassHealth Electronic Claims**

III. **MassHealth Paper Claims**

MassHealth

MassHealth and NPI

If you haven't reported your NPI, DO IT NOW

Where to get MassHealth NPI Submission Forms:

> ➤ www.mass.gov/masshealth Important NPI Information page

Where to send MassHealth NPI Submission Forms:

> ➤ Email to npi@mahealth.net

If you haven't requested your NPI, DO IT NOW

> ➤ https://nppes.cms.hhs.gov/NPPES

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MassHealth and NPI

➢ Your NPI is required to replace the MassHealth provider number on both paper and electronic claims.

➢ Use the MassHealth companion guides for information on including NPI and taxonomy on electronic transactions.

➢ Proprietary paper claims will be modified to support NPI.

➢ The UB04 claim form will replace the current UB92.

➢ The new CMS 1500 form will replace the current form for professional crossovers only.

➢ The MassHealth All Provider Bulletin will be published soon.

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MassHealth and NPI

Business Functions Changing as of May 23, 2007

Business Function	Provider Instructions
Paper or Electronic Claims Submission	Providers can begin using NPI when submitting claims to MassHealth.
Provider Claims Submission Software (PCSS)	Providers will use NPI when submitting claims to MassHealth.
Calling MassHealth Customer Services Team (CST)	Providers will identify themselves to CST either with their current MassHealth provider number or NPI.

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MassHealth and NPI

Business Functions Not Changing as of May 23, 2007

Business Function	Provider Instructions
Claims Status Inquiry	Continue to use current REVS User ID and password.
Eligibility Verification	Continue to use current REVS User ID and password.
Prior Authorization	Continue to use current APAS User ID and password.
Pre Admission Screening	Continue to use current MassHealth provider number
MMQ	Continue to use current MassHealth provider number
Primary Care Clinician (PCC) Referrals	Continue to use current MassHealth provider number

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MassHealth Electronic Claims

Updated Electronic Instructions

➤ MassHealth will support the standard implementation guide for submission of NPI and taxonomy code. The NPI will be populated in the appropriate NM109 field. Taxonomy codes will be populated in the appropriate PRV segments.

➤ The updated Companion Guides will be posted to mass.gov/masshealth shortly.

➤ Taxonomy codes should be submitted with the NPI number when applicable.

➤ For MassHealth free software users (PCSS), NPI and taxonomy information should be listed in the appropriate provider reference file. Refer to the updated PCSS User Guide for additional details.
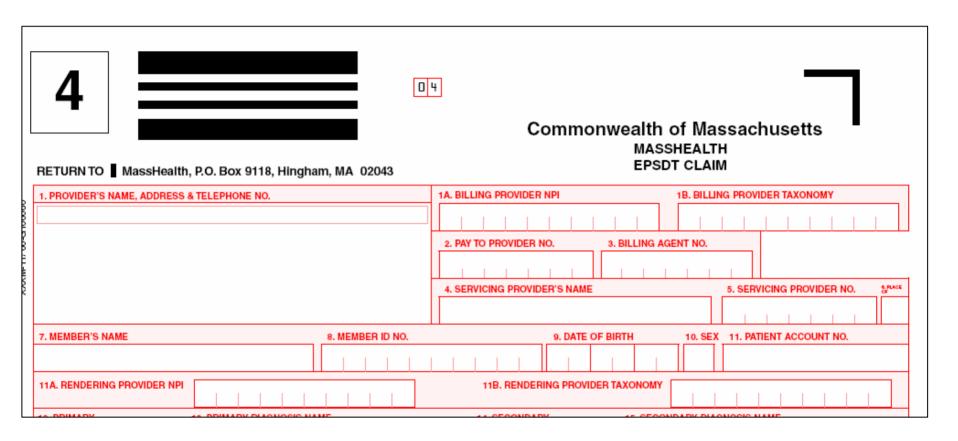
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MassHealth Paper Claims

Updated Paper Billing Instructions

➢ Updated paper billing instructions have been completed for the Claim Form No. 5

➢ Additional Claim Form instructions will be posted to mass.gov/masshealth over the next few months.

➢ The new claim forms began with order requests beginning this month.

MassHealth

MassHealth Paper Claims

The UB92 will be replaced with the UB04

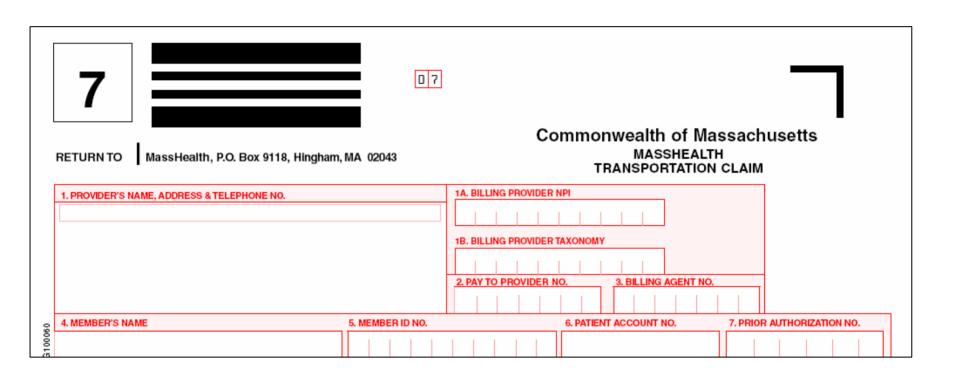| UB92 Field #	UB92 Field Name	UB04 Field #	UB04 Field Name
07	Covered Days	07	Un-named field
08	Non-Covered Days	37	Un-named field
51	Provider Number	56 57	Billing Provider NPI number, or Other Provider ID
37A	ICN/DCN – MassHealth TCN for adjustments and re-submittals	64A	ICN/DCN – MassHealth TCN for adjustments and re-submittals
86	Date	45	Creation Date

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MassHealth Paper Claims

RETURN TO ▌ MassHealth, P.O. Box 9118, Hingham, MA 02043

Commonwealth of Massachusetts
MASSHEALTH
EPSDT CLAIM

1. PROVIDER'S NAME, ADDRESS & TELEPHONE NO.

1A. BILLING PROVIDER NPI

1B. BILLING PROVIDER TAXONOMY

2. PAY TO PROVIDER NO.

3. BILLING AGENT NO.

4. SERVICING PROVIDER'S NAME

5. SERVICING PROVIDER NO.

6. PLACE OF

7. MEMBER'S NAME

8. MEMBER ID NO.

9. DATE OF BIRTH

10. SEX

11. PATIENT ACCOUNT NO.

11A. RENDERING PROVIDER NPI

11B. RENDERING PROVIDER TAXONOMY

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MassHealth Paper Claims

Claim Form 4

Field #	Field Name	Description
1A	Billing Provider NPI	Enter the billing (pay-to) NPI.
1B	Billing Provider Taxonomy	If applicable, enter the taxonomy code for the billing (pay-to) NPI.
11A	Rendering Provider NPI	Enter the rendering (servicing) NPI.
11B	Rendering Provider Taxonomy	If applicable, enter the taxonomy code for the rendering (servicing) NPI.

MassHealth

MassHealth Paper Claims

MassHealth Paper Claims

Claim Form 5

Field #	Field Name	Description
1A	Billing Provider NPI	Enter the billing (pay-to) NPI.
1B	Billing Provider Taxonomy	If applicable, enter the taxonomy code for the billing (pay-to) NPI.
23	Rendering Provider NPI	Enter the rendering (servicing) NPI.
23A	Rendering Provider Taxonomy	If applicable, enter the taxonomy code for the rendering (servicing) NPI number.

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MassHealth Paper Claims

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RETURN TO | MassHealth, P.O. Box 9118, Hingham, MA 02043

0 7

Commonwealth of Massachusetts
MASSHEALTH
TRANSPORTATION CLAIM

1. PROVIDER'S NAME, ADDRESS & TELEPHONE NO.

1A. BILLING PROVIDER NPI

1B. BILLING PROVIDER TAXONOMY

2. PAY TO PROVIDER NO.   **3. BILLING AGENT NO.**

4. MEMBER'S NAME   **5. MEMBER ID NO.**   **6. PATIENT ACCOUNT NO.**   **7. PRIOR AUTHORIZATION NO.**

G-100060

MassHealth

MassHealth Paper Claims
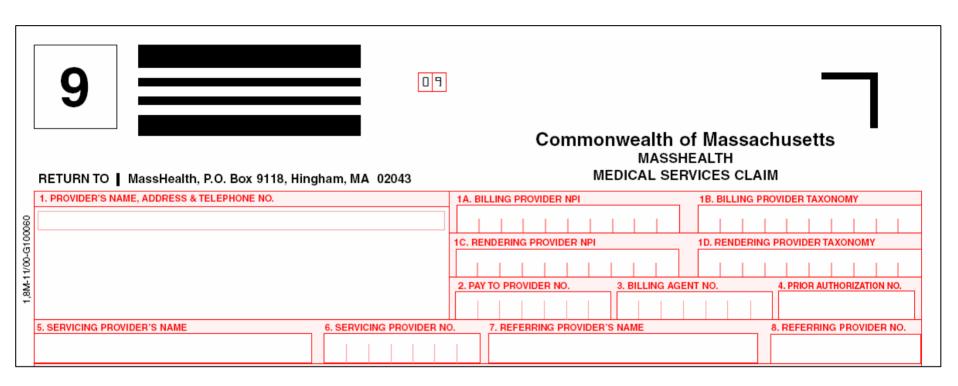
Claim Form 7

Field #	Field Name	Description
1A	Billing Provider NPI	Enter the billing (pay-to) NPI.
1B	Billing Provider Taxonomy	If applicable, enter the taxonomy code for the billing (pay-to) NPI number.
* Note: For non-emergency transportation providers who do not have an NPI, continue to enter the 7 digit MassHealth provider number in field 2. Pay To Provider No.		

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MassHealth Paper Claims

9

09

Commonwealth of Massachusetts
MASSHEALTH
MEDICAL SERVICES CLAIM

RETURN TO | MassHealth, P.O. Box 9118, Hingham, MA 02043

1,8M-11/00-G100060

1. PROVIDER'S NAME, ADDRESS & TELEPHONE NO.	1A. BILLING PROVIDER NPI	1B. BILLING PROVIDER TAXONOMY
	1C. RENDERING PROVIDER NPI	1D. RENDERING PROVIDER TAXONOMY

2. PAY TO PROVIDER NO.	3. BILLING AGENT NO.	4. PRIOR AUTHORIZATION NO.

5. SERVICING PROVIDER'S NAME	6. SERVICING PROVIDER NO.	7. REFERRING PROVIDER'S NAME	8. REFERRING PROVIDER NO.

MassHealth

MassHealth Paper Claims

Claim Form 9

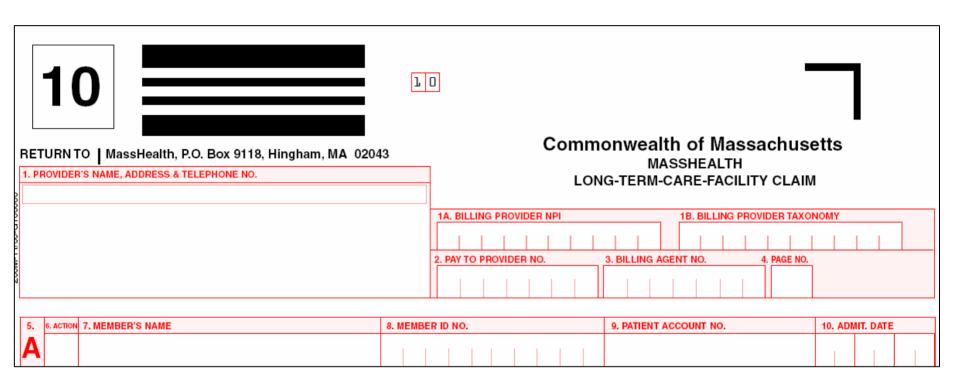| Field #	Field Name	Description
1A	Billing Provider NPI	Enter the billing (pay-to) NPI.
1B	Billing Provider Taxonomy	If applicable, enter the taxonomy code for the billing (pay-to) NPI number.
1C	Rendering Provider NPI	Enter the rendering (servicing) NPI.
1D	Rendering Provider Taxonomy	If applicable, enter the taxonomy code for the rendering (servicing) NPI number.

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MassHealth Paper Claims

MassHealth Paper Claims

Claim Form 10

Field #	Field Name	Description
1A	Billing Provider NPI	Enter the billing (pay-to) NPI.
1B	Billing Provider Taxonomy	If applicable, enter the taxonomy code for the billing (pay-to) NPI number.
* Note: For Rest Home providers who do not have an NPI, continue to enter the 7 digit MassHealth provider number in field 2. Pay To Provider No.		

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THANK YOU!

MassHealth